JUN 1 4 2000

Subject: **Summary – 510(k)** 001262

Product: **Starion Instruments Thermal Forceps**

Summary:

This summary of 510(k) safety and effectiveness data is being submitted in accordance with the requirements of 21 CFR 807.92.

The Starion Instruments thermal cautery forceps is a single use, hand-held surgical instrument intended for simultaneously cutting and cauterizing soft tissue during surgery; and for cutting natural or synthetic, non-metallic sutures during surgery. The general and plastic surgery panel of the Food and Drug Administration has classified electrosurgical cutting and coagulating devices and accessories as Class II devices (21 CFR 878.4400).

The Starion Instruments thermal cautery forceps is substantially equivalent in terms of intended use, target population, energy source, and principles of operation to the Starion Instruments thermal cautery forceps, a legally marketed predicate device that has been granted marketing clearance via K990728.

The Starion Instruments thermal cautery forceps allows the surgeon to position the distal tip of the instrument around the region of tissue to be cut/cauterized. While squeezing the forceps, the surgeon depresses a finger switch, which activates a heating element in the tip. This heat is conducted to the tissue between the forceps to provide cutting/cauterization.

Brian Grigsby - Submitter/Contact Person
Vice President, Quality and Regulatory Affairs
Starion Instruments Corporation
20665 Fourth Street
Saratoga, CA 95070
Phone (408) 741-8773
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4/18/00
Date

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 1 4 2000

Mr. Brian Grigsby
Vice President, Quality and Regulatory Affairs
Starion Instruments
20665 Fourth Street
Saratoga, California 95070

Re: K001262
Trade Name: Thermal Cautery Forceps
Regulatory Class: II
Product Code: GEI
Dated: April 18, 2000
Received: April 19, 2000

Dear Mr. Grigsby:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4595. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Celia M. Witten, Ph.D., M.D.
Director
Division of General and
Restorative Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

510(k) NUMBER (IF KNOWN): K001262

DEVICE NAME: Thermal Cautery Forceps

INDICATIONS FOR USE:

Simultaneous cutting and cauterization of soft tissue during surgery.

Cutting of natural or synthetic, non-metallic, sutures during surgery.

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Donna R. Vochmer

(Division Sign-Off)
Division of General Restorative Devices
510(k) Number K001262

Prescription Use ✓
(Per 21 CFR 901.109)

OR

Over-The-Counter Use ____
(Optional Format 1-2-96)